

Unannounced Care Inspection Report 30 August 2018



Parkanaur College

Type of Service: Residential Care Home
Address: 57 Parkanaur Road, Dungannon, BT70 3AA
Tel No: 028 8776 1272
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered with RQIA to provide care for 24 residents with learning disability, mental health and physical disabilities.

3.0 Service details

Organisation/Registered Provider: Parkanaur College Responsible Individual: Wilfred Mitchell	Registered Manager: Waldemar Mietlicki
Person in charge at the time of inspection: Waldemar Mietlicki	Date manager registered: 2 August 2016
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Number of registered places: 24

4.0 Inspection summary

An unannounced care inspection took place on 30 August 2018 from 10.15 to 19.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found during the inspection in relation to these core values, staff recruitment, training, supervision and appraisal, adult safeguarding, and risk management and good staff relationships and effective team working.

Areas requiring improvement included; urgent improvement in the standard of cleanliness of the internal environment, review and revision of staff competency and capability assessments, fire retardant soft furnishing and addressing recommendations recorded within the Legionella Risk Assessment are addressed.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Waldemar Mieticki registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 January 2018 and 1 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, 24 residents and three staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff file
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Indemnity insurance
- Minutes of staff meetings
- Complaints and compliments records
- Audit records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings

- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 January and 1 February 2018.

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 29 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that a programme of decoration is undertaken within bedrooms and communal areas. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the redecoration schedule evidenced this had been developed. Much of the work listed had been completed.	

<p>Area for improvement 2</p> <p>Ref: Standard 27.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that bedrooms and communal areas occupied by the residents contain a thermometer.</p> <p>Ref: 6.3</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Bedrooms inspected contained thermometers. The home was noted to be comfortably heated.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a policy and procedure in relation to the on call contact arrangements is devised to provide clear guidance for staff on duty.</p> <p>Ref: 6.3</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The home had an “On call policy” which provided guidance for staff.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review of the contingency arrangements in the event of an adverse incident is undertaken.</p> <p>Ref: 6.3</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The contingency arrangements were discussed with the registered manager. A policy dated February 2018 was in place.</p>		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure that the assessed needs of the residents were met. Agency staff were commissioned to provide cover for the absence of two staff who left in July/August 2018. The registered manager explained that advertisement for replacement staff had been made with interviews set for 11 September 2018. The registered manager stated that the use of agency staff did not prevent residents from receiving continuity of care as induction programmes were undertaken when commencing work and supervision provided.

Two care staff indicated that there was consistency of agency staff in approximately 80% of the time however there were times when at short notice, due to unforeseen circumstances, they do not attend. A review of the duty rota confirmed that it accurately reflected the staff working within the home with a high use of agency staff reflected during recent weeks. The registered manager explained that every effort was being made to appoint suitable staff and that he was hopeful that new staff would be appointed from interviews arranged. Staffing levels will be followed up at the next inspection.

The vacancy of domestic staff from July 2018 was noted and discussed with the registered manager who explained that care staff were doing some light cleaning when they had time to do so. The registered manager explained that the domestic posts were advertised with an interview date set. The registered manager agreed to address the cleaning of the home as a matter of urgency as the home was observed to be unclean in many areas presenting as a risk of cross contamination of infection. The registered manager organised the commissioning of agency domestic cleaning staff during the inspection with work to commence the following day. Following the inspection RQIA was informed that the home was thoroughly cleaned by agency staff and that this standard would be upheld. Improvement in regard to maintaining a good safe standard of cleanliness throughout the home was made in accordance with Regulation 27 (2) (d) of The Residential Care Homes Regulations (Northern Ireland) 2005.

Two staff recruitment records reviewed were found to be in accordance with current legislation and best practice.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Staff advised that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Two staff competency and capability assessments were reviewed and discussed with the registered manager who advised that he was undertaking a review of the assessment template as these were considered to be based on broad headings of strategic and technical skills but did not fully reflect the management responsibilities within these broad headings to fully reflect competency and capability to provide cover for the registered manager when he was off duty. Amended assessments will be reviewed at the next care assessment

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy, dated December 2016, was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager advised that he had received training in the role and functions of the adult safeguarding champion (ASC) and was aware of the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there were no outstanding safeguarding issues and that any suspected, alleged or actual incidents of abuse would fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation with written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of three care records identified that residents' care needs and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as

necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), for example, disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. However urgent attention to the overall standard of cleanliness of the home is necessary as unclean premises can present as a potential for cross contamination of infection.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the commissioning trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. One bedroom carpet was noted to be heavily stained and unsightly. The general lack of an acceptable level of cleanliness in the home and the potential for cross contamination of infection was brought to the attention of the registered manager who undertook immediate action as previously cited within this report. The home was appropriately heated throughout.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example, Control of Substances Hazardous to Health (COSHH) and fire safety.

The home had an up to date Legionella risk assessment in place dated 17/01/17. The registered manager advised that the 12 recommendations made were a work in progress.

The registered manager advised that the home did not retain any mechanical hoists or medical equipment.

The home's fire risk assessment which was dated 20/07/18 did not have any recommendations reflected within the assessment provided for review. It was established that no residents smoked.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Discussion was held with the registered manager regarding the sofas in place within the large lounge and the necessity to ensure that these and any soft furnishings within the home were fire retardant. The registered manager agreed to check this out with the registered provider and take appropriate action if required.

The potential of winter electricity failures was discussed with the registered manager who advised that arrangements were in place for the urgent commissioning of a generator from a local provider. RQIA are to be notified should such failures occur.

Residents and staff spoken with during the inspection made the following comments:

- “We like it here and we can talk to staff if we are not happy” (resident)
- “My bathroom has not been cleaned for some time and my shower needs a good clean” (resident)
- “It would be good to have permanent staff, agency staff are good but not always consistent” (staff)
- “Safe care provided but high reliance on agency staff puts pressure on permanent staff” (staff)

Areas of good practice

There were examples of good practice found during the inspection in relation to staff recruitment, training, supervision and appraisal, adult safeguarding, and risk management.

Areas for improvement

Areas identified for improvement included; urgent improvement in the standard of cleanliness of the internal environment, fire retardant soft furnishing and ensure recommendations recorded within the Legionella Risk Assessment are addressed.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. Records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to

be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident or their representative. Individual resident agreements setting out the terms of residency were in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious menu was provided to meet the individual and recorded dietary needs and preferences of the residents. Weekly pre-planned menus were provided. The serving of the mid-day meal to residents was observed to be undertaken by staff in a respectful unhurried manner. Tables were set with a range of condiments, napkins and drinks. Staff supervised and assisted residents as required.

There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) if required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments. Staff confirmed there were no residents at risk of choking. Records of meals eaten by residents were retained.

The kitchen was observed to be clean, tidy and organised with all equipment reported to be in good working order. Review of the records retained of food and fridge temperatures evidenced these were satisfactory and undertaken as required. Kitchen cleaning audits were undertaken and recorded. The Food Hygiene Standards assessment by Environmental Health was rated at 4.

The staff advised that any wound care would be promptly referred to the general practitioner and if necessary arrangements made for referral to the community nursing service.

Audits of care plans, care reviews, accidents and incidents environment, catering and mandatory training, medications, fire safety, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider. The registered manager advised that the development of the Annual Quality Report was a work in progress and that resident satisfaction questioners were being developed for inclusion within the report. This will be discussed and reviewed at the next care inspection.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Modes of communication developed included Makaton and British sign language for residents who require this form of communication. Discussion with the registered manager and staff confirmed that management operated an "open door" policy to everyone within the home.

There were systems in place to ensure openness and transparency of communication, for example, the monthly registered provider reports/latest RQIA inspection reports were available

on request for residents, their representatives and other interested parties to read. Minutes of residents' meetings were available to residents

A review of three care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager advised of the range of professional staff available for health and social care assessment through visits/referral; dentist, dietician, speech and language, general practitioner, community nursing and social worker.

Residents and staff spoken with during the inspection made the following comments:

- "Good care is provided with adequate resources available" (staff)
- "When necessary prompt referral is made to other professional health and social care staff" (staff)
- "Always staff around to help us if needed" (resident)
- "Staff ensure I have my medicine every day" (resident)

Areas of good practice

There were examples of good practice found during the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified within the effectiveness of care during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

There was a wide range of policies and procedures in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff were able to describe their awareness of promoting residents' rights, independence, dignity and confidentiality. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and

appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain and nutrition where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff and residents confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents’ meetings and visits by the registered provider.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community through weekend visits home, outings and other community outreach activity.

Residents and staff spoken with during the inspection made the following comments:

- “All care plans are person centred and developed through engagement with the resident” (staff)
- “Yes I feel staff listen to us” (resident)
- “Yes staff are kind, we like them all” (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that he had understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home by way of telephone calls, emails and regular visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration and employer's liability insurance certificate, dated 01 July 2018, were displayed.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received with thank you letters and cards received. There are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that

learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example; NISCC, DoH policy/guidelines, National Institute of Clinical Excellence (NICE). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example; diabetic awareness, personal care, diet and nutrition and epilepsy.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. The registered manager agreed to ensure that the registered provider was reminded to sign the completed July 2018 report.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents and staff spoken with during the inspection made the following comments:

- “Good team work in the home, important we all work together to ensure good care is provided” (staff)
- “Yes I know who is in charge, we can talk to him when if we need something” (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Waldemar Mietlicki, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(2) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure;</p> <ul style="list-style-type: none"> • all areas within the home is maintained to a high standard of cleanliness at all times. Regular audit is recommended. • Carpet within one bedroom is made good or replaced <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The regular audits will be carried out on monthly basis and oversees by Registered Manager. The carpet has been cleaned however it is planned to be replaced by the end of November 2018.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that soft furnishings within the home are fire retardant.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The identified soft furnishing cover has been replaced. Confirmation that all furniture are fire retardant has commenced and is ongoing.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that the recommendations for improvement recorded within the Legionella Risk Assessment dated 17/01/17 are addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Legionella Risk Assessor will ensure that all recommendations will be addressed by the end of November.</p>

Please ensure this document is completed in full and returned via Web Portal



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